

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001299

FILED  
Mar 07, 2008  
Secretary of State

Entity Name: DELTA MILLING COMPANY, L.L.C.

## Current Principal Place of Business:

1200 SNOWBERGER AVENUE  
LEESBURG, FL 347483626

## New Principal Place of Business:

5929 BAKER ROAD, SUITE 420  
MINNETONKA, MN 55359

## Current Mailing Address:

5929 BAKER ROAD  
SUITE 420  
MINNETONKA, MN 55345

## New Mailing Address:

5929 BAKER ROAD, SUITE 420  
MINNETONKA, MN 55359

FEI Number: 41-1947396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONSCORP REGISTERED AGENTS, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JOHNSON, BLAINE M  
Address: 5929 BAKER ROAD, SUITE 420  
City-St-Zip: MINNETONKA, MN 55345

Title: MGRM ( ) Delete  
Name: BURY, BLAIR B  
Address: 5929 BAKER ROAD, SUITE 420  
City-St-Zip: MINNETONKA, MN 55345

Title: MGR ( ) Delete  
Name: DOUGLAS, TIMOTHY J  
Address: 5929 BAKER ROAD, SUITE 420  
City-St-Zip: MINNETONKA, MN 55345

Title: MGR (X) Delete  
Name: SCHULDT, MAYNARD  
Address: 5929 BAKER ROAD, SUITE 420  
City-St-Zip: MINNETONKA, MN 55345

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY J. DOUGLAS

MGR

03/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date